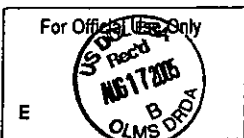


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9450	2 Fiscal Year Covered From JAN / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name EARL DOUGLAS BUSH JR P O Box Bldg Room No if any Street 2900B SCENIC DR NE City PULLMAN, WA State WA ZIP Code + 4 98370	4 Name file number and address of labor organization Name TEAMSTER UNION 6589 Labor Organization File Number 042242 P O Box Building and Room Number if any Street PO Box 4043 City 1305 SOUTH 'C' ST City PORT ANGELES State WA ZIP Code + 4 98363
5 Position in labor organization SECRETARY - TREASURER	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name WESTERN CONF OF TEAMSTERS PENSION TRUST FUND Trade Name if any P O Box Bldg Room No if any Street 2323 EASTLAKE AVE E City SEATTLE State WA ZIP Code + 4 98102	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>Earl Douglas Bush Jr</u>	On <u>Aug 8 2005</u> <u>360 779-7807</u> Date Telephone Number

2

Name of Person Filing EARL DOUGLAS BUSH JR	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name WESTERN CONF OF TEAMSTERS PWS TRUST FUND</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 2323 EASTLAKE AVE E</p> <p>City SEATTLE</p> <p>State WASHINGTON ZIP Code + 4 98102</p>	<p>9 Business deals with</p> <p style="margin-left: 20px;">a Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> b Trust</p> <p style="margin-left: 20px;">c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name WESTERN CONF OF TEAMSTERS PENSION TRUST FUND</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 2323 EASTLAKE AVE E</p> <p>City SEATTLE</p> <p>State WASHINGTON ZIP Code + 4 98102</p>	<p>11 a Nature of such dealing</p> <p style="text-align: center; font-size: 1.2em;">TRUSTEE OF PENSION TRUST</p> <p style="text-align: center; font-size: 1.2em;">TRUSTEE EXPENSE REIMBURSEMENT</p> <p>11 b Approximate dollar value of such dealing \$8,966</p> <p>12 a Nature of interest held or income received</p> <p>12 b Amount \$</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>